



Newfoundland & Labrador Pharmacy Board

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Application for Accreditation of Professional Development Program (In accordance with the NLPB Policy - Accreditation of Professional Development Programs)

Date of Submission: _____

CONTACT PERSON INFORMATION

Name: _____

Phone #: _____ Email address: _____

PROGRAM INFORMATION

Program Title: _____

Program Date/Time: _____

Location of Event: _____

Program Length (provide in 15 minute increments, including any time allotted for questions):

Program Summary (agenda, outline, learning objectives or handouts may be attached, as appropriate):

Intended Audience: Pharmacists Technicians Other: _____

Is this program sponsored? YES NO

If yes, please give the name of the sponsor: _____

If yes, is the speaker an employee of the sponsor? YES NO

SPEAKER INFORMATION

Name: _____

Phone #: _____ Email address: _____

Qualification to speak on topic (if not provided, CV may be requested): _____

OTHER RELEVANT INFORMATION

Has this program already been accredited by any other organization? YES NO

If YES, please provide details of the accreditation (e.g. accrediting body, accreditation number assigned):

CHECKLIST OF ENCLOSURES

All of the following must be received at the NLPB office before the program will be considered for accreditation

- Disclosure of Conflict of Interest form(s) for each speaker
- Speaker Acknowledgement form(s) for each speaker
- Copy of program slides including:
 - o Learning Objectives slide
 - o Disclosure of Conflict of Interest slide
- Copy of any other handouts that will be provided
- Accreditation Review Fee (as per *NLPB Schedule of Fees*):

Fee Paid by: Cash, Cheque or Money Order VISA Mastercard

Please Print Full Name on Card: _____

Card # _____ Expiry Date _____ CVV # (on back of card) _____

Fee to be Invoiced to: PANL CSHP-NL CAPT-NL

PLEASE NOTE: Completed applications, including all enclosures indicated on the Checklist of Enclosures, must be received at the NLPB office **AT LEAST 7 DAYS** prior to the proposed program date to be considered for accreditation. Retrospective accreditation will not be granted.



Newfoundland & Labrador Pharmacy Board

Disclosure of Conflict of Interest

This form must be completed, signed by the speaker and submitted with the Application for Accreditation of Professional Development Program

Program Title:	_____
Speaker:	_____

The participants of a professional development activity should be aware in advance of any potential conflict of interest that could influence the presentation. The purpose of disclosing potential conflicts of interest is not to prevent a speaker with a conflict of interest from taking the floor, but rather to openly inform the participants beforehand of possible affiliations or financial interests so that they can make an informed assessment of the program's content.

- I have NO real or potential conflict of interest to disclose.
- I disclose the following real or potential conflict of interest:
 - I am affiliated with, or have financial interests in, this sponsor
 - I received compensation (e.g. grant, honorarium, gifts) from this sponsor
 - I am or have been a member of the sponsor's advisory board or similar committee
 - I am or have been a member of the sponsor's speakers bureau
 - I participated in research or clinical trials supported by this sponsor

If you have declared a conflict of interest above, please describe how you will mitigate the risks associated with this conflict during the program:

- I will conduct a comprehensive review of all relevant literature.
- I will support my presentation and clinical recommendations with the "best available current evidence" from the literature.
- I will refrain from making recommendations regarding products or services (e.g. limit presentation to the pathophysiology, diagnosis and/or research findings)
- Other: _____

Signature: _____

Date: _____



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Speaker Acknowledgement

This form must be completed, signed by the speaker and submitted with the Application for Accreditation of Professional Development Program

Program Title:	_____
Speaker:	_____

Active Learning and Evidence-Based Content		
The evidence presented in this presentation is a thorough and balanced presentation of the best available current evidence relating to the topic of the program.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I will provide learners with the opportunity to apply the information presented (e.g., case studies, reflective exercises, discussion groups).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I will provide learners with an opportunity to ask questions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Transparency and Minimizing Bias		
If drug names are used in this program, I have used only generic names. <i>If you answered "No" to this question, please answer the next question:</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have used trade names in this program but I have: <ul style="list-style-type: none"> used them only as necessary for accuracy, presented all relevant trade names for similar/equivalent products/devices, as appropriate, placed the generic name in brackets after the trade name, when the trade name was used. 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have not used corporate or company names or logos in the presentation, except to acknowledge a sponsor at the beginning of the presentation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have not used images or materials from promotion or product information of commercial enterprises.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
No product or company information will be presented or distributed in the meeting room or within 15 feet of the entrance to the meeting room.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have completed and submitted a Disclosure of Conflict of Interest Form.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have included Disclosure of Conflict of Interest slide in my presentation, even if I have nothing to disclose.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Learner Materials and Evaluation of Learning Activity		
I will provide each learner with an evaluation form at the end of the session and encourage its completion.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I will provide the learners with a reference list and/or list of further readings.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signature: _____

Date: _____